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## Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>A For the 2015 calendar year, or tax year beginning</b>		January 1	, 2015, and ending	December 31	, 2015
<b>B Check If applicable</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>	
<input type="checkbox"/> Address change		Special Needs Dobermanns, Inc.		03-0419337	
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)		E Telephone number	
<input type="checkbox"/> Initial return		144 Road 2776		407-353-8000	
<input type="checkbox"/> Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number ►	
<input type="checkbox"/> Amended return		Aztec, NM 87410		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
<input type="checkbox"/> Application pending		G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		I Website: ► <a href="http://www.doberman911.org">www.doberman911.org</a>	
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ▲ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 95939	

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I 

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	2 Program service revenue including government fees and contracts . . . . .	3 Membership dues and assessments . . . . .	4 Investment income . . . . .	5a Gross amount from sale of assets other than inventory . . . . .	5b Less: cost or other basis and sales expenses . . . . .	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	6a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6c Less: direct expenses from gaming and fundraising events . . . . .	6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	7a Gross sales of inventory, less returns and allowances . . . . .	7b Less: cost of goods sold . . . . .	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	8 Other revenue (describe in Schedule O) . . . . .	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	1 94413
																	2
	5a	5b															
	6a	6b															
	6c	6d															
	7a	7b															
	7c	7b															
	8	8															
	9	9															
	10	10															
	11	11															
	12	12															
	13	13															
	14	14															
	15	15															
	16	16															
	17	17															
	18	18															
	19	19															
	20	20															
	21	21															

9-14

10

**Part II 'Balance Sheets (see the instructions for Part II)**

Check if the organization used Schedule O to respond to any question in this Part II .

		(A) Beginning of year	(B) End of year
<b>22</b>	Cash, savings, and investments . . . . .	90116	<b>22</b> 81403
<b>23</b>	Land and buildings . . . . .		<b>23</b>
<b>24</b>	Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25</b>	<b>Total assets</b> . . . . .	90116	<b>25</b> 81403
<b>26</b>	<b>Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b>
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	90116	<b>27</b> 81403

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **Provide financial assistance for Doberman vet expenses**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	Provided financial assistance to pay veterinary expenses for Doberman Pinschers		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	74337
29	Helped coordinate efforts to rehome senior Dobermans, provided financial assistance for maintenance costs for senior Dobermans, and provided financial assistance for medical expenses of senior Dobermans		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	27260
30			
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) . . . . .		
	(Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) . . . . .	► <input type="checkbox"/>	32 101597

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
please see attached				
		</td		

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V 

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . . **33**

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . . **34**

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . . **35a**

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O **35b**

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III **35c**

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . . **36**

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**

b Did the organization file **Form 1120-POL** for this year? . . . . . **37b**

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . . **38a**

b If "Yes," complete Schedule L, Part II and enter the total amount involved **38b**

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 . . . . . **39a**

b Gross receipts, included on line 9, for public use of club facilities . . . . . **39b**

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ► **40b**

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I **40c**

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . **40d**

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . **40e**

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . . **40f**

41 List the states with which a copy of this return is filed ► **New Mexico**

42a The organization's books are in care of ► **Karen Crosby** Telephone no. ► **407-353-8000**  
Located at ► **7281 SW 68th Drive, Jasper, Florida** ZIP + 4 ► **32052-4503**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **42b**

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ► **42c**

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43**

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ **44a**

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ **44b**

c Did the organization receive any payments for indoor tanning services during the year? **44c**

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O **44d**

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? **45a**

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) **45b**

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/>
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ►

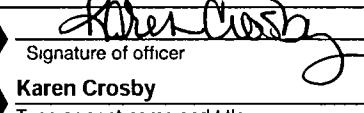
51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."
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(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ►

52	Did the organization complete Schedule A? <b>Note:</b> All section 501(c)(3) organizations must attach a completed Schedule A	► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer  Karen Crosby	Sec'y-Treasurer	Date
			2/12/2016

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions ►  Yes  No

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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**Name of the organization**

**Employer identification number**

Special Needs Dobermanns, Inc.

03-0419337

**Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.**

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14 . . . . .	15	%
<b>16a 33<math>\frac{1}{3}</math>% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 $\frac{1}{3}$ % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 33<math>\frac{1}{3}</math>% support test—2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 $\frac{1}{3}$ % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	72668	75389	114923	76193	94413	433586
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .	1936	2267	1014	1720	716	7653
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
6 <b>Total.</b> Add lines 1 through 5 . . .	74604	77656	115937	77913	95129	441239
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .	12435	3993	6747	5134	2590	30899
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b . . . . .	12435	3993	6747	5134	2590	30899
8 <b>Public support.</b> (Subtract line 7c from line 6.) . . . . .						410340

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6 . . . . .	74604	77656	115937	77913	95129	441239
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .		2	2	5	6	15
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	74604	77658	115939	77918	95135	441254
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	92.99 %
16 Public support percentage from 2014 Schedule A, Part III, line 15 . . . . .	16	89.76 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17 . . . . .	18	%
19a <b>33 1/3% support tests—2015.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b <b>33 1/3% support tests—2014.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information  
Attach to Form 990 or 990-EZ.

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OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Employer identification number  
03-0419337

Name of the organization

**SPECIAL NEEDS DOBERMANS, INC.**

**Part I line 8: Other Revenue**

\$	803.66	paypal cashbacks
\$		- FedEx refunded shipping charges
\$		- USPS refunded shipping charges
<hr/>		
\$	<b>803.66</b>	

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**(Form 990 or 990-EZ)**

Department of the Treasury  
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OMB No. 1545-0047

**2015**

**Open to Public**  
**Inspection**

Employer Identification number  
03-0419337

Name of the organization

**SPECIAL NEEDS DOBERMANS, INC.**

**PART I, LINE 16 - Other Expenses**

\$	-	eBay fees
\$	913 75	paypal fees
\$	10 51	NM State Reg Commision
\$	594 78	merchandise
\$	9 00	admin misc
<hr/>		
\$	1,528 04	

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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Form 990 or 990-EZ or to provide any additional information  
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OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

**Name of the organization**

**SPECIAL NEEDS DOBERMANS, INC.**

**Employer Identification number**  
**03-0419337**

**PART I, Line 10 & PART III, Lines 28-32 - Statement of Program Service Accomplishments (Grants)**

*Financial Assistance for Doberman Veterinary Expenses.*

ALL CREATURES ANIMAL HOSPITAL AMELIA OH	GF-Maizie	\$ 800
ALL CREATURES ANIMAL HOSPITAL AMELIA OH	GF-Lucas	\$ 311
ALL CREATURES ANIMAL HOSPITAL AMELIA OH	SF-Fletcher	\$ 726
ALL CREATURES ANIMAL HOSPITAL AMELIA OH	GF-Zander	\$ 575
ALL CREATURES ANIMAL HOSPITAL AMELIA OH	GF-Frankie	\$ 505
ALL CREATURES ANIMAL HOSPITAL AMELIA OH	GF-Zander	\$ 389
ALL CREATURES ANIMAL HOSPITAL AMELIA OH	GF-Zema	\$ 600
ALLEN ANIMAL HOSPITAL LIVONIA MI	GF-April	\$ 360
ANIMAL HOSPITAL AT BOC LAS VEGAS NV	GF-Libby	\$ 620
ANIMAL HOSPITAL AT BOC LAS VEGAS NV	GF-Pauly	\$ 2,810
ANTELOPE VETERINARY HOSPITAL RED BLUFF CA	GF-Banker	\$ 349
ANTELOPE VETERINARY HOSPITAL RED BLUFF CA	SF-Remington	\$ 650
AUMSVILLE ANIMAL CLINI AUMSVILLE OR	GF-Stella	\$ 1,357
BEAR VALLEY ANIMAL HOSPITAL CA	GF-Meghan	\$ 700
BEAR VALLEY ANIMAL HOSPITAL CA	GF-Vito	\$ 700
BEAR VALLEY ANIMAL HOSPITAL CA	GF-Wendell	\$ 422
BEAR VALLEY ANIMAL HOSPITAL CA	GF-Dora	\$ 732
BROWN VETERINARY SERVICE WAYNE WV	GF-Gigi	\$ 601
BROWN VETERINARY SERVICE WAYNE WV	GF-Hanz	\$ 456
BROWN VETERINARY SERVICE WAYNE WV	GF-Keegan	\$ 700
CAPITAL VETERINARY SPECIALIST JACKSONVILLE FL	SF-Keegan	\$ 452
CORNERSTONE VETERINARY SC	GF-Arrow	\$ 2,000
CRYSTAL LAKE ANIMAL HOSPITAL FL	GF-Morgan	\$ 600
Northern CA Doberman Rescue	GF-Varick	\$ 116
DG SOUTH TEXAS VETERIN SAN ANTONIO TX	NorCalDR	\$ 11,095
DG SOUTH TEXAS VETERIN SAN ANTONIO TX	SF-Harvey	\$ 86
DIAMONDBACK DRUGS O 480-946-2223 AZ	GF-Ray	\$ 160
DIAMONDBACK DRUGS O 480-946-2223 AZ	Gypsy	\$ 328
DIAZ'S HEART ANIMAL HOSPITAL HIALEAH FL	Gypsy	\$ 109
DIAZ'S HEART ANIMAL HOSPITAL HIALEAH FL	GF-Angus	\$ 538
EAST HILL VETERINARY C WILLITS CA	GF-Varick	\$ 585
EDDIES WHEELS SHELBYNE FAL MA	GF-Hugo	\$ 836
ENCINA VETERINARY HOSP WALNUT CREEK CA	GF-Hugo	\$ 1,382
FENWICK ANIMAL CLINIC KY	GF-Hugo	\$ 9,450
FENWICK ANIMAL CLINIC KY	GF-Sally	\$ 139
FENWICK ANIMAL CLINIC KY	GF-Sasha	\$ 330
FENWICK ANIMAL CLINIC KY	GF-Brooke	\$ 437
FENWICK ANIMAL CLINIC KY	GF-Dylan	\$ 435
FENWICK ANIMAL CLINIC KY	GF-Sally	\$ 282
FENWICK ANIMAL CLINIC KY	GF-Sasha	\$ 278
FENWICK ANIMAL CLINIC KY	GF-Abbie	\$ 439
FENWICK ANIMAL CLINIC KY	GF-Dylan	\$ 278
FLORENCE ANIMAL CLINIC FLORENCE KY	GF-Bert	\$ 663
FOUR PAWS VETERINARY CENTER SANTA PAULA CA	GF-Bear	\$ 430
FOUR PAWS VETERINARY CENTER SANTA PAULA CA	SF-Lutzy	\$ 918
GASOW VETERINARY HOSPITAL BIRMINGHAM MI	GF-April	\$ 600
GASOW VETERINARY HOSPITAL BIRMINGHAM MI	GF-Ominous	\$ 1,200
Hemopet	SF-Emma	\$ 224
IGH ANIMAL HOSPITAL INVER GROVE HOSPITAL MN	GF-Phoebe	\$ 700

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OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

**Name of the organization**

**SPECIAL NEEDS DOBERMANS, INC.**

**Employer Identification number**  
**03-0419337**

**PART I, Line 10 & PART III, Lines 28-32 - Statement of Program Service Accomplishments (Grants)**

IN *CPR OF NM	SF-Quinn	\$ 148
INLAND VALLEY EMERG UPLAND CA	GF-Sandy	\$ 1,000
INLAND VALLEY EMERG UPLAND CA	GF-Brandy	\$ 352
MEDVET MEDICAL & CANCE WORTHINGTON OH	GF-Tootsie	\$ 700
MENDOCINO ANIMAL HOSPI UKIAH CA	GF-Hugo	\$ 567
METROPOLITAN VET 502-266-7007 KY	GF-Mallory	\$ 2,050
MISSION VETERINARY SPE SAN ANTONIO TX	GF-Lil'Caesar	\$ 482
NOAHS ARK ANIMAL CLINI WEST CHESTER OH	GF-Isabella	\$ 610
RIVERS EDGE PET MEDICA ALBANY OR	GF-Stella	\$ 1,214
ROCKY MOUNTAIN VETERIN[FREDERICK]CO	SF-Emma	\$ 288
SAN FRANCISCO PET IMAG 06504802001 CA	GF-Hugo	\$ 1,930
SARASOTA VETERINARY EM SARASOTA FL	GF-Betty	\$ 1,000
SOUTH TEXAS VET SPECIALISTS SAN ANTONIO TX	SF-Harvey	\$ 162
SQ *WEST COAST VETERINARY VENICE FL	GF-Rosie	\$ 150
SQ *WEST COAST VETERINARY SARASOTA FL	GF-Rosie	\$ 51
TEN WEST BIRD AND ANIMAL HOSPITAL TX	GF-Duke (TX)	\$ 350
TEN WEST BIRD AND ANIMAL HOSPITAL TX	GF-Crackers	\$ 2,702
TEN WEST BIRD AND ANIMAL HOSPITAL TX	SF-Harvey	\$ 318
TEN WEST BIRD AND ANIMAL HOSPITAL TX	GF-Duke (TX)	\$ 303
TEN WEST BIRD AND ANIMAL HOSPITAL TX	SF-Harvey	\$ 242
TEN WEST BIRD AND ANIMAL HOSPITAL TX	GF-Reddy	\$ 610
TEN WEST BIRD AND ANIMAL HOSPITAL TX	GF-Rusty	\$ 814
U OF M-VET MED CENTER MN	GF-Sampson	\$ 1,050
UCD VET MED TEACHING HOSPITAL CA	GF-Diamond	\$ 600
UNIV OF PENN-VET PA	GF-Rinjin	\$ 650
VCA ASHER CA	GF-Banker	\$ 2,156
VCA MILL RUN ANIMAL HOSPITAL OH	GF-Tommy	\$ 237
VENICE PINES VET FL	GF-Caesar	\$ 928
VENICE PINES VET FL	GF-Lilly	\$ 1,059
VENICE PINES VET FL	GF-Rosie	\$ 586
WASSON MEMORIAL VETERINARY LAKEPORT CA	GF-Dean	\$ 500
WASSON MEMORIAL VETERINARY LAKEPORT CA	GF-Hugo	\$ 1,000
WESTERN VETERINRY CLI SOUTH BEND IN	Gypsy	\$ 78
		<hr/>
		\$ 74,337

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**PART I, Line 10 & PART III, Lines 28-32 - Statement of Program Service Accomplishments (Grants)**

*Financial Assistance for Senior Doberman Rehoming/Maintenance Expenses*

A Pinsch of Heaven Doberman Rescue	SAS Maxamus	\$ 240
Northern CA Doberman Rescue	SAS Buddy	\$ 240
Northern CA Doberman Rescue	SAS Eddie	\$ 120
Northern CA Doberman Rescue	SAS Igor	\$ 120
Northern CA Doberman Rescue	SAS Leah	\$ 480
Northern CA Doberman Rescue	SAS Olivia	\$ 240
Northern CA Doberman Rescue	SAS Remington	\$ 120
Northern CA Doberman Rescue	SAS Sadie Mae	\$ 120
Northern CA Doberman Rescue	SAS Snoop	\$ 120
Distinguished Dobermans Rescue, Inc	SAS Wilma	\$ 120
Doberman Pinscher Rescue	SAS Bingo	\$ 480
Doberman Pinscher Rescue	SAS Duke	\$ 480
Doberman Pinscher Rescue	SAS Dukes	\$ 360
Doberman Pinscher Rescue	SAS Fresca	\$ 360
Doberman Pinscher Rescue	SAS Gabby	\$ 240
Doberman Pinscher Rescue	SAS Gina	\$ 360
Doberman Pinscher Rescue	SAS Gregory	\$ 480
Doberman Pinscher Rescue	SAS Heidi	\$ 120
Doberman Pinscher Rescue	SAS Jazzy	\$ 360
Doberman Pinscher Rescue	SAS Kalia	\$ 480
Doberman Pinscher Rescue	SAS Lady	\$ 480
Doberman Pinscher Rescue	SAS Lolly	\$ 480
Doberman Pinscher Rescue	SAS Londo	\$ 360
Doberman Pinscher Rescue	SAS Lorna	\$ 360
Doberman Pinscher Rescue	SAS Lutzy	\$ 120
Doberman Pinscher Rescue	SAS Morgan	\$ 120
Doberman Pinscher Rescue	SAS Petra	\$ 480
Doberman Pinscher Rescue	SAS Roscoe	\$ 120
Doberman Pinscher Rescue	SAS Spike	\$ 120
Doberman Pinscher Rescue	SAS Sutter	\$ 120
Doberman Pinscher Rescue	SAS Sydney	\$ 120
Doberman Pinscher Rescue	SAS Tate	\$ 480
Doberman Pinscher Rescue	SAS Tessa	\$ 120
Doberman Pinscher Rescue	SAS Tiger	\$ 360
Doberman Pinscher Rescue	SAS Trixie	\$ 480
Doberman Pinscher Rescue North Florida	SAS Maggie	\$ 120
Doberman Pinscher Rescue North Florida	SAS Rusty	\$ 120
Doberman Rescue of Nevada	SAS Roxy	\$ 480
Doberman Rescue of Nevada	SAS Zara	\$ 120
Doberman Underground	SAS Keegan	\$ 120
Doberman Underground	SAS Meesha	\$ 120
Forever Dobes	SAS Glenda	\$ 120
Forever Dobes	SAS Meesha	\$ 360
Forever Dobes	SAS Phoenix	\$ 240
Gulf Coast Doberman Rescue, Inc	SAS Chance	\$ 120
Gulf Coast Doberman Rescue, Inc	SAS Darla	\$ 480
Gulf Coast Doberman Rescue, Inc	SAS Fritz	\$ 120
Gulf Coast Doberman Rescue, Inc	SAS Izzy	\$ 360
Gulf Coast Doberman Rescue, Inc	SAS Joey	\$ 120

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Gulf Coast Doberman Rescue, Inc	SAS Minnie	\$ 120
Illinois Doberman Rescue	SAS Annie	\$ 120
Illinois Doberman Rescue	SAS Bonnie	\$ 120
Illinois Doberman Rescue	SAS Buck	\$ 120
Illinois Doberman Rescue	SAS Cinnamon	\$ 240
Illinois Doberman Rescue	SAS Dublin	\$ 360
Illinois Doberman Rescue	SAS Duke	\$ 120
Illinois Doberman Rescue	SAS Forrest	\$ 120
Illinois Doberman Rescue	SAS Gage	\$ 120
Illinois Doberman Rescue	SAS Gretta	\$ 120
Illinois Doberman Rescue	SAS Izzy	\$ 360
Illinois Doberman Rescue	SAS Kaiser	\$ 120
Illinois Doberman Rescue	SAS Kuno	\$ 120
Illinois Doberman Rescue	SAS Lexy	\$ 360
Illinois Doberman Rescue	SAS Maxwell	\$ 360
Illinois Doberman Rescue	SAS Nollie	\$ 120
Illinois Doberman Rescue	SAS Pookie	\$ 120
Illinois Doberman Rescue	SAS Rebel	\$ 120
Illinois Doberman Rescue	SAS Rusty	\$ 120
Illinois Doberman Rescue	SAS Sadie	\$ 360
Illinois Doberman Rescue	SAS Sassy	\$ 240
Illinois Doberman Rescue	SAS Shadow	\$ 120
Illinois Doberman Rescue	SAS Sheba	\$ 120
Illinois Doberman Rescue	SAS Tank	\$ 120
Illinois Doberman Rescue	SAS TJ	\$ 120
Illinois Doberman Rescue	SAS Xanadu	\$ 120
Illinois Doberman Rescue	SAS Zorba	\$ 120
San Antonio Doberman Rescue	SAS Blossom	\$ 360
San Antonio Doberman Rescue	SAS Buddy	\$ 480
San Antonio Doberman Rescue	SAS Duke	\$ 360
San Antonio Doberman Rescue	SAS Duke (TX)	\$ 120
San Antonio Doberman Rescue	SAS Harvey	\$ 120
San Antonio Doberman Rescue	SAS Herrah	\$ 480
San Antonio Doberman Rescue	SAS Mandie	\$ 120
San Antonio Doberman Rescue	SAS Romeo	\$ 480
Purebred Dog Rescue of St. Louis	SAS Thunder	\$ 240
Saving Dobermann Animal Rescue CO	SAS Karma	\$ 120
Saving Dobermann Animal Rescue CO	SAS Quinn	\$ 120
Saving Dobermann Animal Rescue CO	SAS Raton	\$ 120
Saving Dobermann Animal Rescue CO	SAS Sarge	\$ 120
Saving Dobermann Animal Rescue CO	SAS Emma	\$ 120
Second Chance Dobes 501 (c)(3)	SAS Brittney	\$ 480
Second Chance Dobes 501 (c)(3)	SAS Daisy	\$ 360
Second Chance Dobes 501 (c)(3)	SAS Diamond	\$ 240
Second Chance Dobes 501 (c)(3)	SAS Eve	\$ 240
Second Chance Dobes 501 (c)(3)	SAS Fay	\$ 360
Second Chance Dobes 501 (c)(3)	SAS Hunden	\$ 480
Second Chance Dobes 501 (c)(3)	SAS Jade	\$ 360
Second Chance Dobes 501 (c)(3)	SAS Keno	\$ 240
Second Chance Dobes 501 (c)(3)	SAS Mr. Chatter	\$ 120

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Second Chance Dobes 501 (c)(3)	SAS Princess	\$	120
Second Chance Dobes 501 (c)(3)	SAS Shelby	\$	240
Southwest Ohio Doberman Rescue	SAS Bean	\$	120
Southwest Ohio Doberman Rescue	SAS Belle	\$	120
Southwest Ohio Doberman Rescue	SAS Ethan	\$	240
Southwest Ohio Doberman Rescue	SAS Fletcher	\$	120
Southwest Ohio Doberman Rescue	SAS Greta	\$	480
Southwest Ohio Doberman Rescue	SAS Hannah	\$	240
Southwest Ohio Doberman Rescue	SAS Junior	\$	120
Southwest Ohio Doberman Rescue	SAS Kajun	\$	120
Southwest Ohio Doberman Rescue	SAS Sally	\$	240
Southwest Ohio Doberman Rescue	SAS Sasha	\$	240
Southwest Ohio Doberman Rescue	SAS Teddy	\$	120
Southwest Ohio Doberman Rescue	SAS Wesson	\$	380
Southwest Ohio Doberman Rescue	SAS Zoe	\$	480
			<hr/>
		\$	27,260

**Total Program Services Expenses:** \$ 101,597

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**PART IV - Current Officers, Directors, Trustees, and Key Employees**

**01/1/2015 – 12/31/2015**

<u>Name and address</u>	<u>Title/Avg hrs per week</u>	<u>Duration of Position</u>	<u>Compensation</u>
Karen Crosby 7281 SW 68th Drive Jasper, FL 32052	Director/1 hrs Sec/Treas/1 hrs	01/01/15 – 12/31/15 01/01/15 – 12/31/15	\$0 \$0
Lisa Dahm 7714 Penrose Point Dr Houston, TX 77095	Director/1 hr	01/01/15 – 12/31/15	\$0
Irene Jansen 21404 Carol Sue Ln Santa Clarita, CA 91350	Director/16 hrs 2nd Vice President/10 hrs	01/01/15 – 12/31/15 01/01/15 – 12/31/15	\$0 \$0
Dave Martin 9 Vista Verde Way Edgewood, NM 87015	Director/1 hr	01/01/15 – 12/31/15	\$0
M M. Martin 144 Road 2776 Aztec, NM 87410	Director/20 hrs President/45 hrs	01/01/15 – 12/31/15 01/01/15 – 12/31/15	\$0 \$0
Stephen Martin 144 Road 2776 Aztec, NM 87410	Director/7 hrs	01/01/15 – 12/31/15	\$0
Debra McMahan 2916 Monument Dr NW Albuquerque, NM 87120	Director/20 hrs 1st Vice President/10 hrs	01/01/15 – 12/31/15 01/01/15 – 12/31/15	\$0 \$0